Film#G164 Item# 11,12 4/19/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03559

3566 **CERTIFICATE OF DEATH** Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Amelia (Middle) Edwardina (Last) Bowling
4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: April 11 1875
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Charles Co., Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mortimer Brooke
14. MOTHER'S MAIDEN NAME: Edwardina Keech

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mortimer Bowling Hughesville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic cardiovascular disease with hypertension
DUE TO
(c)

Interval Between Onset And Death: 15 min

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec, 1951, to April 12, 1954, that I last saw the deceased alive on April 11, 1954, and that death occurred at 12:30 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) J Roy Geyther, MD ADDRESS Mechanicsville, Md DATE SIGNED 4/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-14-54
NAME OF CEMETERY OR CREMATORY St Marys
LOCATION (City, town, or county) (State) Bryantown Md
DATE REC'D BY LOCAL REGISTRAR 4/13/54
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt H Ryon ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03561

3567

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Robert (Last) Chesley
4. DATE OF DEATH: (Month) 4 (Day) 30 (Year) 1954

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: Feb. 2, 1887
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter, retired
10b. KIND OF BUSINESS OR INDUSTRY: Hotels
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hilton Chesley
14. MOTHER'S MAIDEN NAME: Eliza Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: John H. Chesley, Aquasco, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
443X Immediate cause	(a)	Congestive Heart Failure	4-1-53
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Hypertensive Heart	4-30-54
	DUE TO		
	(c)	Disease	1950

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 1950, to 4-30, 1954, that I last saw the deceased alive on 4-26, 1954, and that death occurred at 1 AM m., from the causes and on the date stated above.

SIGNATURE E. Edelen MD (DEGREE OR TITLE) ADDRESS La Plata Md DATE SIGNED 4-30-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 3, 1954
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) (State) Aquasco, Maryland
DATE REC'D BY LOCAL REG. 5/4/54
REGISTRAR'S SIGNATURE Julia H. Casey
24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 6 1967
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3562

CERTIFICATE OF DEATH

Reg. Dist. No. 100

3568

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN La Plata, Md — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) CROFT (Middle) Enos (Last) COCKERHAM.

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 19 54.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	M	Aug 2 1894	6-9 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Diller
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N. C
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Duffey Cockerham
14. MOTHER'S MAIDEN NAME: Rose Ramey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 226-12-2818
17. INFORMANT & ADDRESS: Sally K. Cockerham, La Plata, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
594X Immediate cause	(a) Uremia	3 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Glomerular degeneration, etiology unknown.	2 years.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— M.		

22. I hereby certify that I attended the deceased from Jan, 19 54, to April 6, 19 54, that I last saw the deceased alive on April 6, 19 54, and that death occurred at 3:10 A m., from the causes and on the date stated above.

SIGNATURE J. Woody. (DEGREE OR TITLE) MD ADDRESS La Plata. DATE SIGNED April 6, 1954.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/9/54	Mt Rest	La Plata Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/9/54	Julia H. Posey	Hunter & Ryon	Waldorf, Md

RECEIVED
APR 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03563

CERTIFICATE OF DEATH

3569

Reg. Dist. No. 100

1. PLACE OF DEATH:

COUNTY CHARLES MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X

LENGTH OF STAY (in this place) LIFE

HOSPITAL OR INSTITUTION OR STREET ADDRESS PHYSICIANS' MEMORIAL HOSPITAL: LA PLATA, MD. 20

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY CHARLES

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPRING HILL X

STREET ADDRESS (If rural, give location) (RURAL)

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) BOY (Last) COOKSEY

4. DATE OF DEATH: (Month) Apr. (Day) 5 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: APRIL 5, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours 3 Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HOWARD R. COOKSEY

14. MOTHER'S MAIDEN NAME: DOROTHY A. BAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: HOWARD R. COOKSEY SPRING HILL, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

776X

Immediate cause (a) PREMATURITY (24 weeks 1 lb-10 oz) — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: 0 —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4/5/, 1954, to 4/5, 1954, that I last saw the deceased alive on APRIL 5, 1954, and that death occurred at 9:00 A.m., from the causes and on the date stated above.

SIGNATURE John H. Griffin, M.D. (DEGREE OR TITLE) ADDRESS Hughesville, Md. DATE SIGNED 4/5/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 4/6/54

NAME OF CEMETERY OR CREMATORY Deatsville

LOCATION (City, town, or county) (State) Deatsville, Md

DATE REC'D BY LOCAL REG. 4/5/54

REGISTRAR'S SIGNATURE Julia H Posey

24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md ADDRESS

204429224 0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

11-28
5:45

RECEIVED
APR 7 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3570

03564

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH COUNTY: Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Washington D.C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marshall Hall X LENGTH OF STAY (in this place): 2-Hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D.C. 47X-3
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Georges Rest Home Marshall Hall Md 60	STREET ADDRESS (If rural, give location): 4644-Brandywine Street NW

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Reuben J.Costello	4. DATE OF DEATH (Month) (Day) (Year): 4-22-54 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	W-US	Married	11-26-01	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Plumbing Contractor	Construction		US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Costello	Anna Fitzgerald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2-Hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Indefinit

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-21-54, 19....., to 4-22-54, 19....., that I last saw the deceased alive on 4-22-54, 19....., and that death occurred at 2-AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James E. Andrews MD.	Indian Head Md.	4-22-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Remove	Apr 24 1954	Oakhill Ceme.	Glendale, Cinn. Ohio

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/22/54	Odey Price	Chevy Chase Funeral Home	5101 Wisc. ave N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03565,02

3571

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dowcester
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dowcester Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Henry (Last) Davis

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 14 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James L. Davis

14. MOTHER'S MAIDEN NAME: Sally Hoet.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-12-7202

17. INFORMANT & ADDRESS: Theodore Davis. Nanjemoy, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 7277 Cardiac Failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Rheumatism.
DUE TO (c)

Interval Between Onset And Death: ?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ... ,19 25, to , 1954, that I last saw the deceased alive on Apr. 26, 1954 and that death occurred at 7.30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) George C. Bicknell M.D. ADDRESS Marbury Md. DATE SIGNED Apr 28 1954.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 29 54
NAME OF CEMETERY OR CREMATORY Nanjemoy Baptist Cemetery
LOCATION (City, town, or county) Nanjemoy (State) Md.

DATE REC'D BY LOCAL REGISTRAR 4-29-54
REGISTRAR'S SIGNATURE H. R. Howard
Iola Thompson - Cm

24. FUNERAL DIRECTOR Hunt & Bryant ADDRESS Waldorf Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03566

3572 **CERTIFICATE OF DEATH** Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) LA PLATA
LENGTH OF STAY (in this place) 3 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS PHYSICIANS' MEMORIAL HOSPITAL LAPLATA, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WALDORF, MD.
STREET ADDRESS (If rural, give location) Rt. #5

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
DOROTHY DAVENPORT HAAS	APRIL 21 1954	FEMALE	W - U.S.	MARRIED	AUGUST 23, 1909	44 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	REPUBLIC OF PANAMA	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
LOU A. DENNIS	ROSA LEE DAVENPORT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	—	—	CHARLES HAAS: WALDORF, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) HEMORRHAGES, MULTIPLE (ALIMENTARY)	6 HOURS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO OESOTHAGEAL VARICES	6 MONTHS
	(c) DUE TO CIRRHOSIS, LIVER	3 YEARS

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— M.		—

22. I hereby certify that I attended the deceased from JULY, 1952, to APRIL, 1954, that I last saw the deceased alive on MARCH 6, 1954, and that death occurred at 1.20 A.m., from the causes and on the date stated above.

SIGNATURE John N. Griffin (DEGREE OR TITLE) M.D. ADDRESS Hughesville, Md. DATE SIGNED 4/22/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/23/54	Fort Lincoln	Hyattsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/22/54	Julia H. Facey	Hewitt & Ryon,	Waldorf, Md.

RECEIVED
APR 26 1954
BUREAU V. S.

03567

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3573

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital La Plata Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) George Hickman Harris
4. DATE OF DEATH: (Month) (Day) (Year) 4-24-1954

5. SEX: Male
6. COLOR OR RACE: W US
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-17-76
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Harris
14. MOTHER'S MAIDEN NAME: Amelia Attaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of [redacted])
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Sister Wm J. Powell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Hemorrhage Cerebral — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension Arterial Indefinite

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-14, 1954 to 4-24, 1954 that I last saw the deceased alive on 4-24, 1954 and that death occurred at 6:50 a.m., from the causes and on the date stated above.

SIGNATURE James E. Tardreau (DEGREE OR TITLE) ADDRESS Milian Head Md DATE SIGNED 4-24-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF April 26, 1954
NAME OF CEMETERY OR CREMATORY Trinity Cemetery
LOCATION (City, town, or county) St Mary's City, Md. (State)
DATE REC'D BY LOCAL REG. 4/24/54
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Jos. C. Mattingley ADDRESS Leonardtown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 26 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3574 — 03568 — Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Pr. Geo — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Heights — STREET ADDRESS (If rural, give location) 201 Standish Drive

3. NAME OF DECEASED (Type or Print): (First) WILBUR (Middle) CHARLES (Last) HARRY

4. DATE OF DEATH: (Month) 4 (Day) 22 (Year) 1954

5. SEX M — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M — 8. DATE OF BIRTH 10-12-16 — 9. AGE last birthday 37 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright — 10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt — 11. BIRTHPLACE (State or foreign country) Wash. D.C — 12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME James Harry — 14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW II — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Delmer Harry, Forest Heights, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Crushed Chest — Interval between onset and death 4-22-54

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Driver of auto in a car

(c) Collision — 4-22-54

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) 4/22/54 (Day) (Year) (Hour) 11:30 A m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [illegible] (Degree or title) — ADDRESS — DATE SIGNED 4-22-54

23. BURIAL, CREMATION, REMOVAL Specify: Removal — DATE THEREOF 4/22/54 — NAME OF CEMETERY OR CREMATORY Wash. D.C — LOCATION (City, town, or county) (State) Duvall Funeral Home

DATE REC'D BY LOCAL REG. 4/22/54 — REGISTRAR'S SIGNATURE Julia H Casey — 24. FUNERAL DIRECTOR Hunt & Ryon, Waldorf, Md — ADDRESS

APR 26 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3575

03569

Reg. Dist. No. 100

1. PLACE OF DEATH
COUNTY: La Plata Charles County — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial Hospital La Plata Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: # 5 Strouse Ave.
STREET ADDRESS (If rural, give location): Indian Head Md.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Joseph (Last) Hickey

4. DATE OF DEATH (Month) (Day) (Year): 4-21-54 19

5. SEX: Male

6. COLOR OR RACE: W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 15 1880

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Rail Rd.

10b. KIND OF BUSINESS OR INDUSTRY: Rail Road

11. BIRTHPLACE (State or foreign country): D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edmund Plowden Hickey

14. MOTHER'S MAIDEN NAME: Fannie Mc daniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: James O. Hickey Indian Head, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Malnutrition	One year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adenocarcinoma of the Rectosigmoid region	Six Years
	(c) Prostatic Hypertrophy	Six Years

134X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Urinary Incontinence, — 2-Years

19a. DATE OF OPERATION: 11-1-48

19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of the rectosigmoid region

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1-53, 19....., to 4-21-54, 19....., that I last saw the deceased alive on 4-21-54, 19....., and that death occurred at 8:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James E. Andrews MD.

ADDRESS: 17-Potomac Ave Indian Head Md.

DATE SIGNED: 4-21-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 4/24/54

NAME OF CEMETERY OR CREMATORY: St Charles

LOCATION (City, town, or county) (State): Indian Head, Md.

DATE REC'D BY LOCAL REG.: 4/22/54

REGISTRAR'S SIGNATURE: Julia H Posey

24. FUNERAL DIRECTOR: Huntt & Byron

ADDRESS: Waldorf, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 26 1954
BUREAU V. S.

03570

MARYLAND STATE DEPARTMENT OF HEALTH

3576 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys. Mem. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Tobacco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) (Last) JOHNSON
4. DATE OF DEATH (Month) 4 (Day) 2 (Year) 54

5. SEX M
6. COLOR OR RACE N
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 3-9-1902
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Charles Co
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Johnson
14. MOTHER'S MAIDEN NAME Ellen Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Annie E Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Rifle Bullet in brain — 4-2-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) St. Thomas (COUNTY) Chas (STATE) Md.
TIME OF INJURY (Month) 4 (Day) 2 (Year) 54 (Hour) 5A m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Self inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined*

SIGNATURE [signature] (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 4-2-54

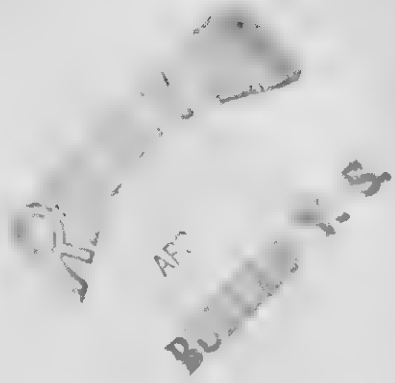
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-5-54
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) Troy Sides (State) Md.

DATE REC'D BY LOCAL REG. 4/5/54
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR [illegible]
ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH

03571

3577

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville X
LENGTH OF STAY (in this place) 1.5 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Constantine Benedict Montgomery
4. DATE OF DEATH (Month) (Day) (Year): 4 12 1954

5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated
8. DATE OF BIRTH: June 26, 1895
9. AGE last birthday: 58 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: St. Road
11. BIRTHPLACE (State or foreign country): Prince George County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alexander C. Montgomery
14. MOTHER'S MAIDEN NAME: Lillian A. O'Brien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Vincent Montgomery

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976 X

Immediate cause (a) Shotgun wound at base of brain — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN) (COUNTY) (STATE): Hughesville Chas. Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 4 12 '54 3:40 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Self-inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Richard Daly (Degree or title) M.D. 4/13/54
ADDRESS La Plata, Md.
DATE SIGNED 4/13/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4/14/54
NAME OF CEMETERY OR CREMATORY: St. Mary
LOCATION (City, town, or county) (State): Bryantown, Md.

DATE REC'D BY LOCAL REG.: 4/13/54
REGISTRAR'S SIGNATURE: Julia H Pasey
24. FUNERAL DIRECTOR: Hunt + Ryan, Waldorf, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 15 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH 03572

3578 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldoy (rural) LENGTH OF STAY (In this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldoy Rural
STREET ADDRESS (If rural, give location) Rt # 5 2 mi South of Waldoy

3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) Victor (Last) Morath
4. DATE OF DEATH (Month) 4 (Day) 18 (Year) 1954

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Unknown
8. DATE OF BIRTH Feb 1877
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Mio.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Mr. Doyle Waldoy, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4-18-54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular renal — ?

(c) disease — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. Redelen (Degree or title) MD ADDRESS La Plata Md DATE SIGNED 4-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/22/54
NAME OF CEMETERY OR CREMATORY St. Peters
LOCATION (City, town, or county) Waldoy, Md (State)

DATE REC'D BY LOCAL REG. 4.22.54
REGISTRAR'S SIGNATURE M. L. Mourez
24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS Waldoy, Md

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 26 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

3579 **CERTIFICATE OF DEATH** 03573

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY ~~Benedict~~ CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benedect X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benedect X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) (Last) THOMAS
4. DATE OF DEATH (Month) 4 (Day) 11 (Year) 1954

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept. 1903
9. AGE last birthday 50 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR
10b. KIND OF BUSINESS OR INDUSTRY Odd Job
11. BIRTHPLACE (State or foreign country) CHARLES Co
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Stephen Thomas
14. MOTHER'S MAIDEN NAME MARY WASHINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS DELLA HOLT Benedect Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
002X
Immediate cause (a) PULMONARY T. B. — INTERVAL BETWEEN ONSET AND DEATH 4 YRS.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) md ADDRESS La Plata Md DATE SIGNED 4-11-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/14/54
NAME OF CEMETERY OR CREMATORY St MARYS
LOCATION (City, town, or county) BRYANTOWN (State) Md

DATE REC'D BY LOCAL REG. 4/13/54
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Houtt + Ryon ADDRESS WALDORF, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
APR 15 1954
BUREAU V. S.